

Safety Seat Checklist - Use one form per child per seat

Driver, Child, Vehicle Information and Agreement (to be completed by participant)

Completely fill bubbles and blanks with black or blue ink pen following the instructions below.	Vehicle information
Incorrect Correct Correct Marks Marks Numbers Letters	Make of vehicle
♦ 8 9 • 1234 ABCD	Vehicle model Vehicle model Year
1. Driver information First Last Relationship to child: Parent/Guardian Grandparent Other Expectant parent due date (MM/DD/YYYY): Street (include route or box number) City State Zip (required) Phone number Your Social Security Number 2. Child information Is child present? Yes No	 Front-passenger side air bag Air bag is active Agreement: I understand and agree that the sole purpose or this program is to help reduce the incident of the improper installation of child safety seats; that this inspection is being provided as a free service to me; that this program cannot fully evaluate the quality, safety, or condition of the car safety seat, the car safety seat provided or any component of my vehicle, including the seats or safety belts; and this program cannot guarantee my child's safety in a crash. For these reasons, I hereby release any program participants, from any present or future liability for any injuries or dangers that may result from a vehicle collision or otherwise.
First name Age(yrs)-(mos) Weight(lbs) Height(in)	
Continue with question 3 above. Checkpoint Information (to be completed by the complete of th	he seat checker)
Checkpoint Information (to be completed by to car seat checkers: Observe child in seat first. Then identify seat in	he seat checker) 3. Seat information continued Yes No
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